



Application for Limited Liability Partnership

Registration of this name does not guarantee exclusive right to disregard protection against unauthorized use of this name (U.C.A. Section 48-1-42). The last words of the name must be "Limited Liability Partnership" (LLP).

1. Limited Liability Partnership Name: _____
2. Purpose of the Limited Liability Partnership: _____
3. Principal Address: _____
Street Address Only City State Zip
4. Daytime phone number: _____
5. Number of Partners (Minimum 2): _____

Registered Agent:

6. _____
Print Name of Registered Agent Daytime Phone Number Signature of Registered Agent
7. _____
Street Address City Utah Zip

Authorized Partner(s) attach additional pages if needed:

Under penalties of perjury and as an authorized partner, I declare that this application, and if applicable, the statement of change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

_____ Print Name	_____ Signature		
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Print Name	_____ Signature		
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Print Name	_____ Signature		
_____ Street Address	_____ City	_____ State	_____ Zip

Where to file: Limited Partnerships will send completed form(s) with a non-refundable processing fee of \$22.00 to the Division of Corporations. Means of payment are: cash, check, or money order made payable to the "State of Utah". Please include one (1) self addressed envelope with application. **If you are faxing you must include, on a cover sheet, the number of a VISA or MasterCard with the date of expiration.**

Mail In: PO Box 146705
Salt Lake City, UT 84114-6705
Walk In: 160 East 300 South, Main Floor
Information Center: (801) 530-4849
Toll Free: (877) 526-3994 (within Utah)
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>